

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm		2/10/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		69139	
RESPONSE FORMALITY REVIEW	OK		

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/24/00
2	✓	✓	2/24/00
3	✓	✓	2/24/00
4	✓	✓	2/24/00
5	✓	✓	2/24/00
6	✓	✓	2/24/00
7	✓	✓	2/24/00
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If more than 150 claims or 10 actions  
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Best Available Copy